

<div style="display: flex; justify-content: space-between;"> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. <u>10/696284</u>  FILING DATE _____  APPLICANT _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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